## PATENT APPLICATION

	DECLARATION	ON AND POWER OF ATT	ORNEY
ATTORNEY DOCKET N	O. <u>M61.12-0620</u>		MS DOCKET NO. <u>305483.01</u>
As a below named inver	tor, I hereby declare that:		•
My residence/post office	e address and citizenship are	as stated below next to r	ny name;
I believe I am the origin	al, first and sole inventor (if	only one name is listed	below) or an original, first and joint inventor (i
plural names are listed	below) of the subject matter	r which is claimed and	for which a patent is sought on the inventior
entitled: SPEECH-RELA	TED OBJECT MODEL AND	INTERFACE IN MANA	GED CODE SYSTEM
the specification of whic	h is filed herewith unless the	following box is checked	<b>l</b> :
() was filed on	as US App	lication Serial No. or PCT	International Application
Number	and was ame	nded on	(if applicable).
I hereby state that I have	e reviewed and understood t	he contents of the above-	identified specification, including the claims, as
amended by any amend	Iment(s) referred to above.	I acknowledge the duty	to disclose all information which is material to
patentability as defined	in 37 CFR 1.56.		
-			
Foreign Application(s) and/or	Claim of Foreign Priority		
			eign application(s) for patent or inventor(s) certificate listed cate having a filing date before that of the application or
COLINTRY	APPLICATION NUMBER	DATE EILED	PRIORITY CLAIMED LINDER 35 U.S.C. 119

## POWER OF ATTORNEY:

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) associated with

Customer No. 27366

YES:

YES:

NO:

NO:

to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Send Correspondence to	:	Direct Telephone Calls To	То:	
Contact Name Firm Name Firm Address City, State and Zip	Joseph R. Kelly Westman Champlin & Kelly 900 Second Ave. S., Ste. 1600 Minneapolis, MN 55402-3319	Contact Name Contact Phone Number	Joseph R. Kelly 612-334-3222	

## **DECLARATION AND POWER OF ATTORNEY**

ATTORNEY DOCKET NO. M61.12-0620

MS DOCKET NO. 305483.01

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Inventor's Signature	Date	
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Residence:		
Post Office Address:		
Inventor's Signature	Date	
Full Name of Inventor: Paul Hsu	Citizenship:	
Residence:		
Post Office Address:		
Inventor's Signature	Date	

DECLARATION ANI	POWER OF ATTORNEY	
ATTORNEY DOCKET NO. M61.12-0620	MS DOCKET NO. <u>305483.</u>	01
Full Name of Inventor: Oscar Newkerk	Citizenship:	
Residence:		
D . 00" A 11		
Post Office Address:		
Inventor's Signature	Date	_

Inventor's Signature